Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL** 

|                                    |  | 2002P20262US01    | 1600 |  |
|------------------------------------|--|-------------------|------|--|
|                                    |  | Joanne R. Bonnell |      |  |
| HEALTHCARE CASH MANAGEMENT ACCOUNT |  | DAIFN             |      |  |

| Title  | HEALTHCARE CAS<br>SYSTEM | THCARE CASH MANAGEMENT |     |     | ACCOUNTING |  |  |
|--------|--------------------------|------------------------|-----|-----|------------|--|--|
| Expres | ss Mail Label No.        | EV 286                 | 855 | 319 | US         |  |  |

| (Only for new nonprovisional applications under 37 CFR 1.53(b))  |  |                                       | Mail Label No.   E  | V 286 8     | 355 3    | 319 03          |  |
|--|--|---------------------------------------|---|-------------|----------|-----------------|--|
| APPLICATION ELEMENTS   |  |                                       | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application               |             |          |                 |  |
| See MPEP chapter 600 concerning utility patent application contents.   |  |                                       | Wa  | shington, I | DC 202   | 231             |  |
| Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  Applicant claims small entity status.  |  |                                       | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)          |             |          |                 |  |
| 2. See 37 CFR 1.27.  |  |                                       | Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary) |             |          |                 |  |
| 3. Specification [Total Pages 26] ]  |  |                                       | a. Computer Readable Form (CRF)   |             |          |                 |  |
| - Descriptive title  | of the invention<br>e to Related Applications                              | b. \$                                 | b. Specification Sequence Listing on:   |             |          |                 |  |
|  | arding Fed sponsored R & D   |                                       | i. CD-ROM or CD-R (2 copies); or  |             |          |                 |  |
| - Reference to se  | quence listing, a table,   |                                       | ii. paper   |             |          |                 |  |
|  | rogram listing appendix  | c.                                    |   |             |          |                 |  |
| <ul> <li>Background of t</li> <li>Brief Summary</li> </ul>   |  |                                       | <u> </u>  |             |          |                 |  |
| <ul> <li>Brief Description</li> </ul>  | n of the Drawings ( <i>if filed</i> )                                      | . <b>⊢</b> -#                         | ACCOMPANYING  |             |          |                 |  |
| - Detailed Descrip   | otion  | 9.                                    | Assignment Paper  | s (cover st | neet &   |                 |  |
| - Claim(s)<br>- Abstract of the  | Disclosure   | 10.                                   | 10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney          |             |          |                 |  |
| 4. Drawing(s) (35 U.   | S.C. 113) [ Total Sheets 5 ]   | 11.                                   | , , , , , , , , , , , , , , , , , , ,   |             |          |                 |  |
| 5. Oath or Declaration   | [ Total Pages ]  | 12.                                   | Information Disclosure Copies of IDS  |             |          |                 |  |
|  | ated (original or copy)  | 13.                                   | Statement (IDS)/F10-1449  |             |          |                 |  |
| Copy from a  | prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed) | 14.                                   | Return Receipt Postcard (MPEP 503) (Should be specifically itemized)                |             |          |                 |  |
| i DELETION OF INVENTOR(S)  |  |                                       | 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)         |             |          |                 |  |
|  | tement attached deleting inventor(s) he prior application, see 37 CFR      |                                       | Nonpublication Re   |             |          |                 |  |
|  | and 1.33(b).   | 16.                                   | (b)(2)(B)(i). Applicant must attach form PTO/SB/35                                  |             |          |                 |  |
| 6. Application Data  | Sheet. See 37 CFR 1.76   | <br>  <sub>17</sub>                   | or its equivalent.  |             |          |                 |  |
|  |  | L                                     |   |             |          |                 |  |
| 18. If a CONTINUING APPLI  | CATION, check appropriate box, and sup                                     | ply the requ                          | iisite information below  | and in a p  | orelimir | nary amendment, |  |
| or in an Application Data She  |  |                                       |   |             |          |                 |  |
| Continuation   | Divisional Continuation-in-part (CIP)                                      | - * * *                               | of prior application No.:   |             |          |                 |  |
| Prior application information:   | Examiner:  |                                       | Group Art Unit:   |             | 4 *      |                 |  |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. |  |                                       |   |             |          |                 |  |
| The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  |  |                                       |   |             |          |                 |  |
| 19. CORRESPONDENCE ADDRESS   |  |                                       |   |             |          |                 |  |
| Customer Number or Bar Code Label  (Insert(Customer No. or Alfach)bar code label here)  or Correspondence address below  |  |                                       |   |             |          |                 |  |
| Name   | Alexander J. Burke   |                                       |   | *           |          |                 |  |
|  | 170 Wood Avenue South  |                                       | :   |             |          |                 |  |
| Address  | Intellectual Property Department 5th                                       | , , , , , , , , , , , , , , , , , , , |   |             | 2        |                 |  |
| City   | Iselin   | State                                 | New Jersey  | Zip C       | Code     | 08830           |  |
| Country  | USA Tel  | ephone                                | 732-321-3023  | Fá          | ax .     | 732-321-3030    |  |
| Name (Print/Type)  | Alexander J. Burke   | Rea                                   | istration No. (Attorne  | y/Agent)    |          | 40,425          |  |
| Signature Alexander Bulb   |  | 13                                    | Date 07/07/2003   |             |          |                 |  |
| Signature  | 1 wayner was   |                                       |   | Dute        |          |                 |  |

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PTO/SB/17 (01-03)
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| Onder the Paperwork Registration            |                         | Complete if Known    |                   |  |  |
|---|-------------------------|----------------------|-------------------|--|--|
| FEE TRANS                                   | MIIIAL                  | Application Number   | To be assigned    |  |  |
|   |                         | Filing Date          | Herewith          |  |  |
| for FY 2                                    |                         | First Named Inventor | Joanne R. Bonnell |  |  |
| Effective 01/01/2003. Patent fees are subje | ect to annual revision. | Examiner Name        |                   |  |  |
| Applicant claims small entity status. Se    | ee 37 CFR 1.27          | Art Unit             |                   |  |  |
| TOTAL AMOUNT OF PAYMENT                     | (\$) 1014.00            | Attorney Docket No.  | 2002P20262US01    |  |  |

| TOTAL AMOUNT OF PATMENT (#)  | FEE CALCULATION (continued)  |          |  |  |
|--|--|----------|--|--|
| METHOD OF PAYMENT (check all that apply)   |  |          |  |  |
| Check Credit card Money Other None   | 3. ADDITIONAL FEES   |          |  |  |
| Deposit Account:   | Large Entity Small Entity  Fee Fee Fee Fee Fee Fee Fee Description   |          |  |  |
| Donocit  | Fee Fee Fee Fee Fee Description  Fee Paid  Fee Paid  | 4        |  |  |
| Account Number   | 1051 130 2051 65 Surcharge - late filing fee or oath   | 4        |  |  |
| Deposit  | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet   | $\dashv$ |  |  |
| Account<br>Name  | 1053 130 1053 130 Non-English specification  | $\dashv$ |  |  |
| The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments                | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination  | ┥        |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) during the pendency of this application | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action   | 4        |  |  |
| Charge fee(s) indicated below, except for the filling fee  | 1805 1,840* 1805 1,840* Requesting publication of SIR after  |          |  |  |
| to the above-identified deposit account.   | Examiner action  | ┪        |  |  |
| FEE CALCULATION  | 1251 110 2251 55 Extension for reply within first month 1252 410 2252 205 Extension for reply within second month  | ╝        |  |  |
| 1. BASIC FILING FEE  | Locality shind month   |          |  |  |
| Large Entity Small Entity  | 1255 556 1255 15 15 15 15 15 15 15 15 15 15 15 15 1  |          |  |  |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$)   | 5 to raise for make within 6fth month  | $\beth$  |  |  |
| 1001 750 2001 375 Utility filing fee 750.00  | 1,500 1,500  |          |  |  |
| 1002 330 2002 165 Design filing fee  | 1401 320 2401 160 Notice of Appeal 1402 320 2402 160 Filing a brief in support of an appeal  |          |  |  |
| 1003 520 2003 260 Plant filing fee   | 1403 280 2403 140 Request for oral hearing   | $\dashv$ |  |  |
| 1004 750 2004 375 Reissue filing fee   | 1451 1,510 1451 1,510 Petition to institute a public use proceeding  | _        |  |  |
| 1005 160 2005 80 Provisional filing fee  | 1452 110 2452 55 Petition to revive - unavoidable  | 긕        |  |  |
| SUBTOTAL (1) (\$) 750.00   | 1453 1,300 2453 650 Petition to revive - unintentional   | 4        |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  | E 1501 1,300 2501 650 Utility issue fee (or reissue)   | _        |  |  |
| Ext <u>ra Claims below Fee Paid</u>  |  |          |  |  |
| Total Claims 30 -20** = 10 x 18 = 180  | 1503 630 2503 315 Plant issue fee  |          |  |  |
| Independent Claims 4 - 3** = 1 x 84 = 84   | 1460 130 1460 130 Petitions to the Commissioner  |          |  |  |
| Multiple Dependent   | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)  |          |  |  |
| Large Entity   Small Entity   Fee Fee Fee Fee Fee Description  | 1806 180 1806 180 Submission of Information Disclosure Stmt  8021 40 Recording each patent assignment per  | _        |  |  |
| Code (\$)   Code (\$)  | property (times number of properties)  |          |  |  |
| 1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3  | 1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))  |          |  |  |
| 1201 84 2201 42 Independent claims in excess of 3<br>1203 280 2203 140 Multiple dependent claim, if not paid                     | and the second s |          |  |  |
| 1204 84 2204 42 ** Reissue independent claims over original patent   | 1801 750 2801 375 Request for Continued Examination (RCE)  |          |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  | 1802 900 1802 900 Request for expedited examination of a design application  |          |  |  |
| (m) 264  | Other fee (specify)  |          |  |  |
| **or number previously paid, if greater, For Reissues, see above   | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)  |          |  |  |
| or number previously paid, if greater, i of iteladada, acc above   | (Complete (if applicable)  | _        |  |  |

SUBMITTED BY Registration No. Telephone 732-321-3023 Alexander J. Burke 40,425 Name (Print/Type) (Attorney/Agent) July 7, 2003 Signature

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